

ADMINISTRATIVE	OBTS NUMBER		ARREST/NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	No									
	Agency ORI Number FL0501700		Agency Name Jupiter Police Department				Agency Report Number 54-19-000820															
	Charge Type: Check as many as apply <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other						Weapons Seized/Type 1. Yes 2. No 2															
	Location of Arrest (Including Name of Business)						Location of Offense (Business Name/Address) Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup.				Date of Offense 01/20/19											
DEFENDANT	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal									
	Location of Vehicle						Other Local Number		FDLE Number		DOC Number		FBI Number									
	Name (Last, First Middle) Kraft, Robert								Alias (Name, DOB, Soc. Sec. #, Etc.)													
	Race W - White B - Black		Sex W M		Date of Birth 06/05/1941		Height 508		Weight 160		Eye Color blu		Hair Color gray		Complexion med		Build med					
CO-DEF.	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none visible														Marital Status unk		Religion unk		Indication of: Alcohol Influence Drug Influence		Y N Un. <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
	Local Address (Street, Apt. Number) 260 Heath Street						(City) Brookline		(State) Ma		(Zip) 02445		Phone ()		Residence Type: 1. City 3. Florida 2. County 4. Out of State							
	Permanent Address (Street, Apt. Number) same						(City)		(State)		(Zip)		Phone ()		Address Source							
	Business Address (Name, Street) ()						(City)		(State)		(Zip)		Phone ()		Occupation							
JUVENILE	D/L Number		D/L State		Soc. Sec. Number		INS Number		Place of Birth MA				Citizenship US									
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth				<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
	Co-Defendant Name (Last, First, Middle)						Race		Sex		Date of Birth				<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile					
	<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other		Name (Last, First, Middle)												Residence Phone ()							
ADMIN	Address (Street, Apt. Number)						(City)		(State)		(Zip)		Business Phone ()									
	Notified By: (Name)						Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DCF 3. Incarcerated											
	Released To: (Name)						Relationship		Date		Time											
	The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address. Yes, by: (Name) No: (Reason)														School Attended		Grade					
CHARGE	Property Crime?		Description of Property										Value of Property									
	<input type="checkbox"/> Yes <input type="checkbox"/> No																					
	Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture		Z. Other		Type		B. Barbiturate		H. Hallucinogen		P. Paraphernalia/		U. Unknown	
	N. N/A		B. Buy		D. Deliver		Distribute		Produce/		Cultivate		N. N/A		C. Cocaine		M. Marijuana		Equipment		Z. Other	
CHARGE	P. Possess		T. Traffic		E. Use								A. Amphetamine		E. Heroin		O. Opium/Deriv.		S. Synthetic			
	Charge Description Solicit another to commit prostitution						Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 796.07(5)(a)1				Violation of ORD #							
	Activity N		Drug Type N		Amount/Unit N/A		Offense # 19-000820		Warrant/Capias Number				Bond									
	Charge Description						Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #							
CHARGE	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
	Charge Description						Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #							
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
	Charge Description						Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #							
CHARGE	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
	Charge Description						Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #							
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond									
	Charge Description						Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #							
NOTICE TO APPEAR	Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410																			
	Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.																					
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																					
	Signature of Defendant (or Juvenile and Parent/Custodian)														Date Signed							
ADMIN	HOLD for other Agency Name:						Signature of Arresting Officer X [Signature]				Name Verification (Printed by Prisoner) (PRINT)											
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:						Name of Arresting Officer (Print) Det. A. Sharp #412/1101				I.D.#											
	Intake Deputy I.D.#						Pouch #		Transporting Officer I.D.#				Agency		Witness here if subject signed with an "X"							
															PAGE 1 OF 1							

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	No
	Agency ORI Number FL0501700		Agency Name JUPITER POLICE DEPARTMENT			Agency Report Number 54-19-000820			
DEF	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other								
	Name (Last, First, Middle) Kraft, Robert, K.								Alias
VICTIM	Victim's Name (Last, First, Middle) State of Florida					Race		Sex	
	Local Address (Street, Apt. Number) 210 Military Trail, Jupiter, Florida 33458					Phone (561) 746-6201		Address Source	
	Business Address (Name, Street)					Phone ()		Occupation	
PROBABLE CAUSE STATEMENT	The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. The person taken into custody.... <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <u>20th</u> day of <u>January</u> , <u>2019</u> at <u>1059</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)								

In October of 2018 members of the Jupiter Police Department began an investigation into criminal activity occurring at Orchids of Asia Day Spa, located at 103 S. US Highway 1 C2 in Jupiter. On January 17, 2019, covert surveillance equipment was installed in Orchids of Asia Day Spa pursuant to a sneak and peek warrant. The following narrative is a description of the illicit activity that took place.

Room Surveillance: Det. D. Hirsch #402
Room Camera # JPPD Cam 2

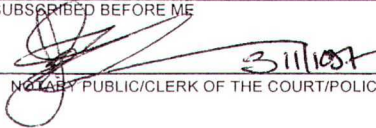

January 20th, 2019, 1059hrs – 1113hrs

Defendant: Robert K. Kraft (W/M, 06/05/41), dark long sleeved shirt, blue baseball cap, blue shorts, FL# 9191 (passenger).

On Sunday, January 20th, 2019, video surveillance was conducted at the target business. At approximately 1059 hrs, Kraft entered the business through the front door where he paid cash at the front desk to an Asian female, previously identified as [REDACTED] which was captured on JPPD Cam 5. [REDACTED] escorted Kraft to a room identified as JPPD Cam 2. There, the two hugged each other and Kraft took off all of clothing, laid face up on the massage table and [REDACTED] hugged him again. At approximately 1102hrs, [REDACTED] began manipulating Kraft's penis and testicles and then put her head down by his penis. This went on for several minutes. After a few minutes, [REDACTED] wiped Kraft in the area of his genitals with a white towel, helped him get dressed and hugged him again. Kraft gave [REDACTED] a \$100 bill plus at least one other unidentifiable bill. Kraft left the room at approximately 1113hrs.


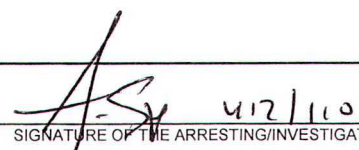
Surveillance on scene: At approximately 1059hrs, a white male, previously identified as Robert Kraft (W/M 06/05/41) entered the establishment through the front door. At approximately 1113hrs, the Kraft exited the front door and traveled to a vehicle waiting in the parking lot, a 2015 blue Bentley FL Tag 9191; this was observed by Detective C. Cook #404. Kraft had previously entered the business on January 19th, 2019 and was positively identified by Massachusetts driver's license.

Based on the aforementioned investigation, I have probable cause to believe Robert K. Kraft did solicit, induce, entice, or procure another to commit prostitution, lewdness, or assignation, contrary to Florida Statute 796.07(5)(a)1.

ADMIN.	SWORN AND SUBSCRIBED BEFORE ME	
	 _____ NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER	 _____ SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER
	February 22, 2019 _____ DATE	Det. A. Sharp #412 _____ NAME OF OFFICER (PLEASE PRINT)
	February 22, 2019 _____ DATE	February 22, 2019 _____ DATE

DISTRIBUTION: COURT – 1 COPY STATE ATTORNEY – 1 COPY AGENCY – 3 COPIES

ADMINISTRATIVE	OBTS NUMBER		ARREST/NOTICE TO APPEAR Juvenile Referral Report				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	No							
	Agency ORI Number F L 0 5 0 1 7 0 0		Agency Name Jupiter Police Department				Agency Report Number 54 - 19 - 000819													
	Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapons Seized/Type 1. Yes 2. No 2											
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name/Address) Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup.				Date of Offense 01/19/19											
DEFENDANT	Date of Arrest		Time of Arrest		Booking Date		Booking Time		Jail Date		Jail Time		Fingerprinted By: <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal							
	Location of Vehicle				Other Local Number		FDLE Number		DOC Number		FBI Number									
	Name (Last, First Middle) Kraft, Robert								Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 06/05/1941		Height 508		Weight 160		Eye Color blu		Hair Color gray		Complexion med		Build med			
CO-DEF.	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) none visable								Marital Status unk		Religion unk		Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Un. Drug Influence <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>							
	Local Address (Street, Apt. Number) 260 Heath Street				(City) Brookline		(State) Ma		(Zip) 02445		Phone ()		Residence Type: 1. City 3. Florida 2. County 4. Out of State							
	Permanent Address (Street, Apt. Number) same				(City)		(State)		(Zip)		Phone ()		Address Source							
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()		Occupation							
JUVENILE	D/I Number		D/I State		Soc. Sec. Number		INS Number		Place of Birth MA				Citizenship US							
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile							
	<input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other.		Name (Last, First, Middle)										Residence Phone ()							
CODE	Address (Street, Apt. Number)		(City)		(State)		(Zip)		Business Phone ()											
	Notified By: (Name)				Date		Time		Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DCF 3. Incarcerated											
	Released To: (Name)				Relationship				Date		Time									
	The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address: Yes, by: (Name) No: (Reason)								School Attended		Grade									
CHARGE	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property											
	Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver E. Use		K. Dispense/Distribute Distribute		M. Manufacture Produce/ Cultivate		Z. Other		Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		U. Unknown Z. Other	
	Charge Description Solicit another to commit prostitution				Counts 1		<input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number 796.07(5)(a)1				Violation of ORD #							
	Activity N		Drug Type N		Amount/Unit N/A		Offense # 19-000819		Warrant/Capias Number				Bond							
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #							
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond							
	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #							
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond							
CHARGE	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #							
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond							
	Charge Description				Counts		<input type="checkbox"/> FSS <input type="checkbox"/> ORD		Statute Violation Number				Violation of ORD #							
	Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number				Bond							
NOTICE TO APPEAR	<input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address) North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410																	
	Court Date and Time Month Day Year Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.																			
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																			
	Signature of Defendant (or Juvenile and Parent/Custodian) Date Signed																			
ADMIN	HOLD for other Agency Name:				Signature of Arresting Officer x [Signature] 4/2/11/01				Name Verification (Printed by Prisoner) (PRINT)											
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Det. A. Sharp #412/1101				I.D.#											
	Intake Deputy I.D.#		Pouch #		Transporting Officer I.D.#				Agency		Witness here if subject signed with an "X"									
	PAGE 1 of 1																			

ADMIN	OBTS Number		PROBABLE CAUSE AFFIDAVIT				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		3	Juvenile	No
	Agency ORI Number FL0501700		Agency Name JUPITER POLICE DEPARTMENT				Agency Report Number 54 - 19 - 000819						
DEF	Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply. <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other												
	Special Notes:												
VICTIM	Name (Last, First, Middle) Kraft, Robert K.						Alias						
	Victim's Name (Last, First, Middle) State of Florida						Race N/A		Sex N/A		Date of Birth N/A		
PROBABLE CAUSE STATEMENT	Local Address (Street, Apt. Number) 210 Military Trail,						(City) Jupiter,		(State) FL,		(Zip) 33458		
	Business Address (Name, Street)						(City)		(State)		(Zip)		
ADMIN	Phone (561) 746-6201						Address Source Known		Occupation Government				
	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. The person taken into custody....</p> <p> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </p> <p>On the _____ day of _____, 20 at _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest)</p> <p>In October of 2018 members of the Jupiter Police Department began an investigation into criminal activity occurring at Orchids of Asia Day Spa, located at 103 S. US Highway 1 C2 in Jupiter. On January 17, 2019, covert surveillance equipment was installed in Orchids of Asia Day Spa pursuant to a sneak and peek warrant. The following narrative is a description of the illicit activity that took place.</p> <p>Room Surveillance: Det.C. Cook #404 Room Camera # JPPD Cam 3</p> <p>January 19, 2019, 1645hrs-1725hrs</p> <p>Defendant: Robert Kraft, (W/M, 06/05/41) FL tag 845 (passenger), blue shirt, blue ball cap</p> <p>On January 19th, 2019, video surveillance was conducted at the target business. At approximately 1645hrs, Kraft entered the listed establishment and paid for services in cash at the front desk to an Asian female, previously identified as [REDACTED] which was captured on JPPD Cam 5. Kraft is taken by [REDACTED] to a massage room identified as JPPD Cam 3. Kraft undressed, laid on the massage bed completely nude and partially covered himself with a sheet. Kraft was observed using a cell phone while waiting in the room. At approximately 1649, [REDACTED] and another female, previously identified as [REDACTED], entered the room and both began massaging Kraft. A short time later the sheet is removed as Kraft laid on the massage bed face down. At 1712 hours, Kraft turned over onto his back and the lights in the room go out. At 1714 the room is illumintaed and [REDACTED] can be seen with her hands near Kraft's genitals. The room lis illuminated again and [REDACTED] can be seen standing to Kraft's right side and her right hand is seen manipulating Kraft's penis. At 1716 hours, [REDACTED] can be seen wiping Kraft's penis with a white towel. At 1724 hours, Kraft handed both [REDACTED] and [REDACTED] cash, and they responded by hugging him. [REDACTED] and [REDACTED] then proceeded to finish dressing Kraft, and he left the room.</p> <p>Surveillance on Scene: At 1645hrs, a white male later identified as Robert Kraft (W/M 06/05/41) entered the establishment through the front door, which was observed by Agent M. Nicholson #342. At 1725hrs, the Kraft exited the front door of the business and entered the front passenger seat of a 2014 White Bentley, bearing FL tag 845, which observed by Agent Nicholson. Officer Kimbark #368, followed the Bentley and conducted a traffic stop on the vehicle. The front seat passenger was positively identified by his Massachusetts driver's license as Robert Kraft, (W/M, 06/05/41).</p> <p>Based upon the following information it has been determined that Robert Kraft did commit, engage in, or offer to commit, prostitution, lewdness, or assignation, contrary to Florida Statute 796.07(2)(e) and (4)(a)1..(2 DEG MISD) Offer To Commit Prostitution.</p>												
SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER February 22, 2019 DATE													
SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER  A.Sharp #412/1101 NAME OF OFFICER (PLEASE PRINT) February 22, 2019 DATE													
PAGE 1 OF 1													

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